

100/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT\$ 2682
✓ 8FW

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020248
In Re Application of: Peter Gaal et al.
Serial Number: 10/079,778
Filed: February 19, 2002
Examiner: Sanh Phu
Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|---|--|---|------------------------|------------------|-----------|
| Total* | 17 | 27 | 0 | x \$50 = | \$0.00 |
| Independent** | 7 | 7 | 0 | x \$200 = | \$0.00 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$0.00 |
| EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input checked="" type="checkbox"/> Three Months | | | | \$120 | \$0.00 |
| | | | | \$450 | \$0.00 |
| | | | | \$1020 | \$1020.00 |
| TERMINAL DISCLAIMER | | | | \$130 | \$0.00 |
| | | | | TOTAL FEE | \$1020.00 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: March 15, 2005

Signature: S. Hossain BeladiS. Hossain Beladi, Reg. No. 42,311
(858) 651-4470QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

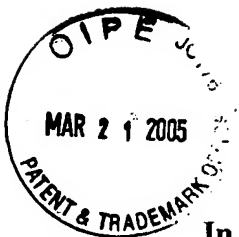
Depositor's Name: Sheryl Schoen
(type or print name)Date: March 15, 2005

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____

(type or print name)
Signature: Sheryl Schoen



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application)

No. 10/079,778)

For: Improved Channel Quality
Feedback Mechanism and Method

Peter Gaal et al.)

Examiner: Sanh Phu)

Filed: February 19, 2002)

Group No. 2682

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated October 6, 2004 please amend the above-identified application as indicated below. Applicant hereby petitions a three (3) month Extension of Time.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Sheryl Schoen
(type or print name)

Date: March 15, 2005Signature: Sheryl Schoen**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

03/22/2005 SMINASS1 00000076 170026 10079778

01 FC:1253 1020.00 DA

REQUEST FOR EXTENSION OF TIME

A Petition for Extension of Time and the appropriate fee are filed herewith to extend the response period from January 6, 2005 to April 6, 2005.